Planning a CME Activity

Understanding the Requirements & Minimizing the Headaches

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May 27, 2010

DISCLOSURE

- CAPT Miller and all others involved in developing this CME activity have no financial relationships with commercial interests whose products or services will be addressed in this presentation!

Learning Objectives

- Upon completion of this activity, attendees should be able to:
  - 1. Describe the required components of CME activity planning
  - 2. Demonstrate improved performance in the completion of subsequent NMPDC sponsored CME activity application submissions.

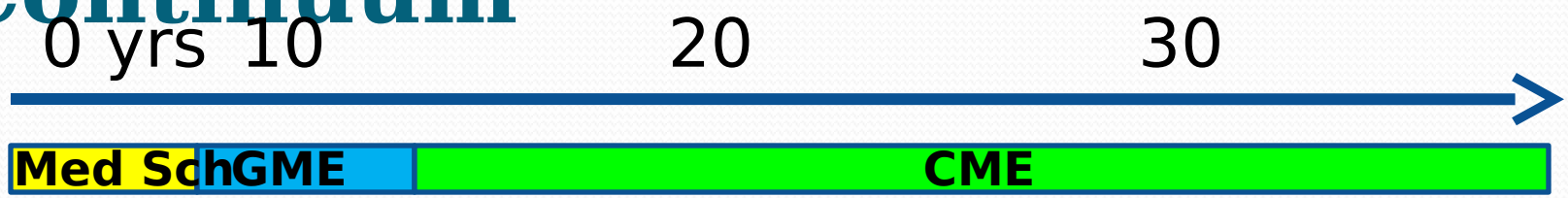
Why Do We Do CME?

- Commonly cited reasons:
  - Required for licensure
  - Maintain privileges
  - Maintain board certification
  - Command Directed – Joint Commission requirement

The real reason:

- CME is to maintain or improve competence, performance and ultimately result in better patient care.

Medical Professional Learning Continuum



Continuing Medical Education is the foundation of life-long learning. Increasing requirements by:

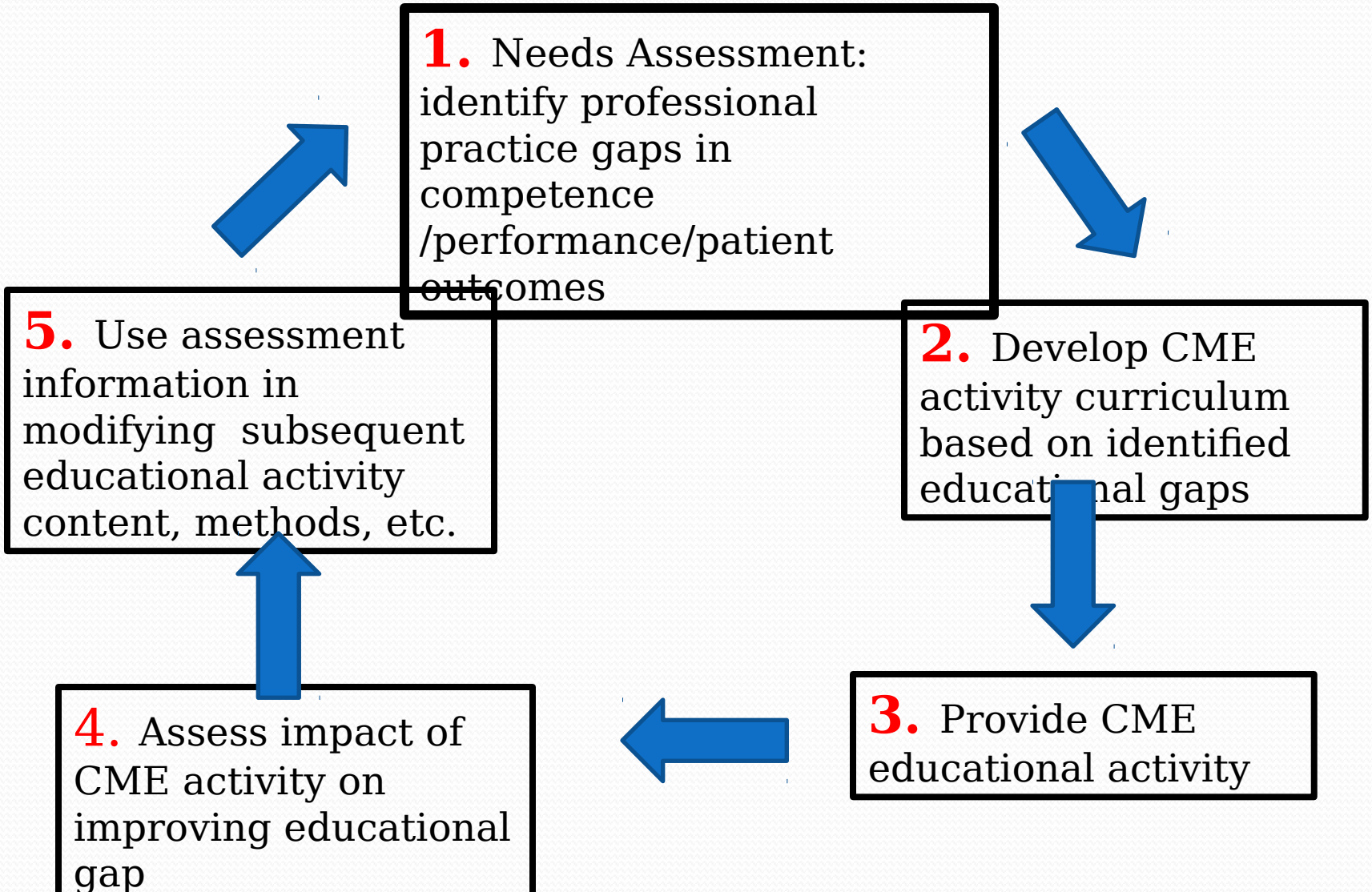
- **ABMS -- MOC/Recertification**
- **State Medical Boards -- Licensure**
- **Joint Commission -- Performance Improvement**

All of the accrediting organizations in the medical learning continuum (LCME, ACGME, ACCME) are increasingly requiring outcomes based processes . The ACCME is among them!

ACCME Requirements for Planning a CME Activity

- **Uses a planning process that links educational needs with a desired result in its CME activities**
- **Uses needs assessments data to plan CME activities**
  - **Generates activities that are designed to change competence, performance or patient outcomes**
- **Evaluates the effectiveness of its CME activities in meeting identified educational needs**
  - **Analyzes changes in learners competence, performance, patient outcomes**

CME Activity Planning Cycle


1. Needs Assessment: identify professional practice gaps in competence /performance/patient outcomes
2. Develop CME activity curriculum based on identified educational gaps
3. Provide CME educational activity
4. Assess impact of CME activity on improving educational gap
5. Use assessment information in modifying subsequent educational activity content, methods, etc.

Needs Assessment to Identify Professional performance Gaps

- **Old**
  - **CME hrs for license or Board eligibility**
  - **BUMED says we must complete it**
  - **Sounds like a good topic!**
  - **Who wants to talk about what?**
  - **The drug rep will provide lunch & a speaker**
- **New**
  - **Locally identified needs**
    - **Infection control**
    - **PI/QI findings**
    - **Health care ops - HEDIS**
    - **ECOM**
    - **Medical staff surveys**
  - **New vaccines, meds or new procedures, rx protocols**
  - **National Standards**

    www.qualitymeasures.ahrq.gov

    www.ncqa.org

    www.ama-assn.org

    www4.cms.gov/MDPibQIandRsResp

Learning Objectives / Performance Expectations

- Identify what you'd like attendees to learn from the CME activity
  - What is the expected change in competence, performance or pt outcome expected of learning involved in this educational activity?
- Determine best format
  - Regularly scheduled series (RSS)
    - Grand rounds, M&M, Tumor Board
  - Single Conference
  - Conference delivered repeatedly
  - Internet
  - Enduring material (used again and again)

Evaluating Impact of CME Activity on Educational Gap

- Was the educational effort effective?
- What tools do you use to measure efficacy?
  - Immediate post-course survey?
    - Useful in assessing Competence
  - A 3 and/or 6 month post-course survey?
    - Useful in assessing Competence/Performance/Patient Outcomes
  - Chart review/QA processes?
  - Data tracking system to follow outcomes?
  - Other?

CME Activity Planning Cycle
(Example #1: NAVMED NMPDC – CME Planning Activity)

- Need / Education Gap?
  - Compliance with ACCME requirements
- How was need determined?
  - Low scores on 21 question assessment of new applications
  - Discussion with NMPDC CME Committee
- Addressing need?
  - CME activity modeling the requirements
- Measuring effectiveness in addressing gap?
  - Pre & post course quiz
  - Post-course assessment
  - Improvement in 21 question assessment score for packages from sites where activity provided

CME Activity Planning Cycle
(Example #2: OCONUS Multidisciplinary Grand Rounds)

- Need / Educational Gap?
  - To improve completeness of primary care provider workups prior to consultation
  - Improve competence with assorted local community standards impacting on patient care
    - Local water supply and sanitation, local reportable disease, standards of care for certain problems in civilian community
  - System-based practice improvement from complicated case presentations (M&M format)
- How was need determined?
  - Survey medical staff : e-mail/ECOMS/staff meetings
  - Pt safety, Pt relations, QI/RM for system based issues
  - Past conference evaluations

CME Activity Planning Cycle
(Example #2: OCONUS Multidisciplinary Grand Rounds)

- Addressing need?
  - Increased knowledge and awareness→ improved competence and performance in clinical practice
- Measure effectiveness in addressing gap?
  - Post-presentation evaluations and quarterly survey sent to medical staff
  - Self-reported improvements in competency
  - Pre and post measurement of measures available through AHLTA and other data systems

CME Activity Planning Cycle
(Example #3: OCONUS MTF Conference)

- Need / Educational Gap?
  - To improve professional relationships, lines of communication and understanding between OCONUS MTF providers and civilian clinicians to whom they refer.
- How was need determined?
  - Goal team developed a process to share knowledge and coordination for better pt outcomes
  - Based on that “respiratory disease for Adults and Children based on survey of providers established
  - Common referrals for acute and resp disease highest numbers

CME Activity Planning Cycle
(Example #3: OCONUS MTF Conference)

- Addressing need?
  - common understanding of the disease and treatment expected to be rendered at all levels of care. This will impact on improve patient outcomes
- Measuring effectiveness in addressing gap?
  - Post-course survey (competence) and one 6 months post-course
  - Survey to referring providers to assess parameters prior to referral (performance)
- Changes incorporate from previous offering of activity

  - Input from previous year help determined the topic for upcoming year.

CME Activity Planning Cycle
(example #4: Internet Point of Care)

- Need/Educational Gap?
  - Increase use of EB information at time of patient interaction
- How was need identified?
  - AMA literature, med library/medical staff/clinical practice guideline committees
  - Higher authority directive and resources to incorporate EB information into practice

CME Activity Planning Cycle
(example #4: Internet Point of Care)

- Addressing the need?
  - Cited research on practice based learning – most effective on learning
- Measuring effectiveness in addressing the gap?
  - usage statistics and review of structured post-use documentation
  - change in treatment and management based on use

CME Activity Planning Cycle
(example #5 – RSS CONUS MTF)

- Need/ Educational Gap?
  - Breast caner screening, H21N1 influenza, asthma, diabetes
- How was need determined?
  - HEDIS measures below expectations
  - ECOMS
  - Patient care reviews and chart audits

CME Activity Planning Cycle
(example #5 – RSS CONUS MTF)

- Addressing the need?
  - Discussion of topics in formal setting will increase awareness & result in improved performance
- Measuring effectiveness in addressing the gap?
  - Post-course survey
  - 6 month provider survey
  - Change in HEDIS measures

Commercial Support

- Commercial Support = Financial, or in-kind, contributions given by a commercial interest which is used to pay all or part of the costs of a CME activity.
- Commercial Interest = Any entity producing, marketing, re-selling or distribution of health care goods or services consumed by or used on patients.
  - Examples
    - Pharmaceutical company
    - Medical equipment maker
    - Managed care company

Commercial Support

- Common types of Commercial Support:
  - Educational grant from a pharmaceutical company
  - Funding of speakers
  - Providing equipment or supplies
  - Funding of social events related to CME activity
- The following are not commercial support:
  - Exhibit fees
    - Exhibits must be physically separate from CME activity (no co-mingling)
  - Educational Grant from a Non-profit
    - i.e. – Educational / philanthropic foundation

Disclosure

- **Five aspects of Disclosure**
- **(1) Obtaining disclosure from all faculty members**
- **(2) Disqualifying those who refuse to disclose**
- **(3) Making determinations regarding conflicts of interest**
- **(4) Resolving identified conflict of interest**
- **(5) Providing disclosure information to learners**

What Is Conflict of Interest (CI)

- When an individual's interests are aligned with those of a CI the interests of the individual are "in conflict" with the interests of the public. The ACCME considers financial relationships to create actual conflicts of interest in CME w/ individuals when individuals have both a financial relationship w/ a CI AND the opportunity to affect the content of CME about the products and services of that CI. The potential for maintaining or increasing the value of the financial relationship w/ the commercial interest creates an incentive to influence the content of the CME. An incentive to insert commercial bias.

Indentifying COI

- Acceptable methods identifying potential COI
  - Ask each planning committee member, speaker and any others with opportunity to impact CME activity content to sign an attestation statement .
  - Verbally inquire of each planning committee member, speaker or any other with opportunity to impact on CME activity content irt financial relationship with commercial interest.
    - Activity director needs to attest that COI was addressed.

Informing Attendees about COI

- Acceptable methods of informing learners
  - Statement in course syllabus
  - Statement posted at registration
  - Verbal disclosure with introduction
  - Written statement at start of presentation
- Statement in promotional material by itself is not adequate
- Must be completed prior to start of the educational activity

Resolving COI

- There must be an identified process
  - Examples:
    - Planning committee has reviewed presentation and has determined there are no areas of the presentation that appear to be biased toward the commercial interest.
    - Planning committee mbr recused from that portion of activity involving CI

Budget

- Estimate and Actual
- Expenses:
  - In most instances there is no cost – equipment, room etc are already provided at MTF
  - Room /equipment rental, syllabus productions, meals, etc.
- Income:
  - OPTAR – most common
  - Registration fee, exhibit fees, commercial support!
- We need to be able to follow the $$

Certificates

- Separate certificates for physicians and non-physicians
  - Nursing CE credits and other not awarded via this process
  - Separate process for other types of CE credits.

Promotional Material

- What should include
  - Topic, speaker, location, date
  - Target Audience
  - Expected performance objectives
  - Sponsors of the CME activity
  - CME accreditation statement
- What shouldn’t include
  - That CME credit application is pending

CME Information

- CME Application:
  - due to NMPDC **6 weeks** prior to starting date.
  - Approved for up to 1 calendar year (CY).

    i.e.. - 1 JAN 2010 – 31 DEC 2010
  - CME approval period MUST not cross over into a new Calendar Year (CY) – **you must renew**.
    - Example: a monthly Grand Rounds series is approved 15 JUN 2010, credit period ends 31 DEC 2010. A new application is needed for 2011.
    - Renewal applications **should not** be a carbon copy of previous application – new professional practice gaps should be identified on a continual basis!

Commercial Support

- Navy CME planners cannot directly solicit commercial interests – needs to be done through 3rd party non-profit –i.e., Henry Jackson Foundation (HJF)
- Approval process:

  CME activity site requests CS, NMPDC routes to HJF, HJF solicits CI. CI/HJF/NMPDC(NMSC) sign agreement. HJF handles $$ with NMPDC(NMSC) direction.

Honorarium / Gift Acceptance

- Honorarium Policy
  - BUMEDINST 5050.6
  - Max allowable via CO is $2,000

- Gift Acceptance Policy
  - SECNAVINST 4001.1E
  - Mayo Clinic offers to send faculty to provide lectures as part of Grand Round Series

CME Information

- If your CME application is approved:
  - You will receive confirmation from NMPDC
    - NMPDC sends the Point of Contact and/or the Activity Director an email with the Approval Documents attached
  - ***AMA PRA Category 1 Credit™*** approved as of date specified by NMPDC
    - **Check your Approval Documents to verify your approval period**.
      - There is no retroactive CME approval.
      - Credit not approved beyond end of calendar year.

NMPDC CME Information

- Post CME activity report due to NMPDC within 30 days of CME activity approval period expiration
- CME Activity files **MUST** be maintained onsite for 6 years following CME activity completion.

CME Information

- NMPDC = Navy Medicine Professional Development Center
  - http://www.med.navy.mil/sites/navmedMPTE/cme/Pages/default.aspx
    - Note: This webpage is periodically revised – contact NMPDC and verify your use of the most current instructions, applications and forms.
- The ACCME = Accreditation Council for Continuing Medical Education
  - http://www.accme.org/
- The ACME = Alliance for Continuing Medical Education
  - http://www.acme-assn.org/

NMPDC Continuing Medical Education

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Questions?